Michigan Department of Treasury Form4244(1-05)	No Tax Due	WT-100	
Michigan Wholesalers Other Tobacco			
Product (OTP) Tax Return		-	
This return is issued under authority of P.A. 327 of 1993 as amended. This form is to be filed by all cigarette wholesalers. Filing is mandatory. This return must be filed with payment on or before the 20th day of the month following the close of the reporting period. See bottom of the return for mailing instructions.  Company Name and Mailing Address		Enter effective date (mm/dd/ccyy):	
	Check here if this is a correcte		
		Method of Inventory Reporting:	
		ysical	
	Other (enter type):		
	Report Period (MM/CCYY)		
	Account Number (FEIN, ME or TR) Lic	ense Number	
PART 1: OTHER TOBACCO PRODUCT (OTP) INVE			
1. Beginning Inventory first of the month (from line 12 of your pri			
2. Tax-Unpaid OTP purchases (receipts) (from T-101a, Line 20,	_		
3. Tax Paid Purchases (receipts) (from T-101b & T-101c, Line 2			
4. Total Available (add lines 1, 2 and 3)			
5. Credits (from T-102a and T102b, Line 20, total)		5. \$	
6. Total out-of-state sales (from T-103, Line 20, total)		6. \$	
7. Sales from Tax Paid Inventory (from T-108c, Line 20, total)		7. \$	
8. Sales to U.S. Agencies (from T-108d, Line 20, total)		8. \$	
9. Tax-Unpaid OTP Sold to Michigan Tribes (T-115a, Line 20, to	otal)	9. \$	
10.Total Exemptions (add lines 5-9)		. 10. \$	
11. Taxable OTP sales in Michigan (from T-108b and T-115b, Lin	ne 20, total)	. 11.\$	
12. Ending Inventory (Line 4 minus lines 10 and 11)		12.\$	
OTP TAX COMPUTATION			
13. Taxable OTP Sales in Michigan (Enter the amount from line	e 11)	13 \$	
14. Less Tax Paid Credits (from T-102b, Line 20, total)		14. \$	
15. Adjusted Taxable OTP Sales in Michigan (subtract line 13 for	rom line 14)	15. \$	
16. Compute Tax (Line 15 x \$.32)		16. \$	
17. Compute 1% Tax Collection Allowance (Line 16 x \$.01)		17. \$	
18. TOTAL NET TAX DUE (Subtract line 17 from line 16)		18. \$	
19. REFUND DUE (If line 18 is less than zero, enter here; if not	t, continue to line 20)	19. \$	
20. Compute PENALTY (See instructions on calculating this amount)		20. \$	
21. Compute INTEREST (See instructions on calculating this ar	mount)	21. \$	
22. TOTAL TAX, PENALTY and INTEREST DUE (Add lines 18, 20 and 21)		22. \$	
This return must be filed with payment on or before the 20th day of instructions for more information.	the month following the close of the r	eporting period. See	
<b>CERTIFICATION</b> I certify under penalty of perjury that this return and attachments are	e true and complete to the best of my	knowledge.	
I authorize Treasury to discuss my return and attachments wit	th my preparer. Do not discuss	my return with my preparer.	
Authorized Signature	Printed Name		
Telephone Number	Title	Date	

## **Mailing Instructions:**

Make checks payable to "State of Michigan". Write "Tobacco Products Tax" and your account number on the front of your check and mail to:

Michigan Department of Treasury, P.O. Box 77628, Detroit, MI 48277-0628. If you have questions, call the Customer Contact Division, Tobacco Tax Unit at (517) 636-4630 or email treas\_tobaccotaxes@michigan.gov. Deaf, hearing or speech impaired persons call (517) 636-4999 (TTY).

# Instructions for completing Form 4244, Michigan Wholesalers Other Tobacco Products (OTP) Tax Return

#### Who Must File This Return

This return and its accompanying schedules must be filed each month by all Michigan Licensed Wholesalers of Other Tobacco Products. A return must be filed even if you do not have any tax due. In this instance simply check the "no tax due" box in the upper right-hand corner, sign the return and send it to the department.

## **How to Complete This Return**

You should first complete the supporting schedules since the figures you must enter on the return come from the supporting schedules.

#### **Line Instructions**

**Line 1.** Enter the beginning inventory. The total from last months return line 12.

**Line 2.** Enter the wholesale price of the otp purchased from T-101a line 20 total.

Line 3. Enter the total from schedule T-101b, and T-101c.

**Line 4.** Total lines 1, 2 and 3.

Line 5. Enter the totals from schedules T-102a and T-102b.

**Line 6.** Enter the total from schedule T-103.

Line 7. Enter the total from schedule T-108c.

Line 8. Enter the total from T-108d

Line 9. Enter the total from schedule T-115a.

Line 10. Add lines 5, 6, 7, 8, and 9. Enter the total.

Line 11. Enter the totals from scheduleT-108b & T-115b.

Line 12. Subtract lines 10 & 11 from line 4.

Line 13. Enter the total from line 11

**Line 14** Enter the total from schedule T-102b.

**Line 15.** Subtract line 14 from line 13.

**Line 16.** Multiply line 15 by \$.32.

**Line 17.** Multiply line 16 by \$.01.

Line 18. Subtract line 17 from line 16.

Line 19. Enter refund due if line 18 is less than zero.

**Line 20.** Enter penalty if postmarked after the 20<sup>th</sup> of the month following the reporting period. Calculate penalty at www.michigan.gov/tobaccotaxes.

**Line 21.** Enter interest if postmarked after the 20<sup>th</sup> of the month following the reporting period. Calculate interest at www.michigan.gov/tobaccotaxes.

Line 22. Enter total due, the sum of lines 18, 20 and 21.

#### **Due Date**

Your return is due 20 days after the close of the month. To be timely filed, a return must be postmarked on or before the 20<sup>th</sup> of the month following the reporting period.

Late filed Returns: Returns which are not timely filed are subject to the following statutory charges:

1. No tax due return \$10.00 a day up to \$400.00.

2. Interest on tax due accrues at 1% above current prime rate; adjusted on 1/1 and 7/1 each year.

3. Penalty is 5% of tax due if not more than 2 months late with an additional 5% penalty for each additional month or fraction of month late. Maximum penalty 25%.

## **Assembling Your Return for Mailing**

Assemble the supporting schedules that you attach to your return (WT-100) in ascending numerical order (i.e. T-101, T-102, etc.).

#### **Record Keeping**

You must keep a complete copy of your return and all records pertaining to your business for at least four years. The records must be kept in a place and manner easily accessible for review by department representatives.

#### **Assistance**

You may contact the Tobacco Taxes Unit by phone at (517) 636-4630, by Fax at (517) 636-4631, by e-mail at treas\_tobaccotaxes@michigan.gov. The mailing address is Tobacco Taxes Unit, P.O. Box 30748, Lansing, MI 48909. Information and forms are available online at <a href="www.michigan.gov/tobaccotaxes">www.michigan.gov/tobaccotaxes</a>.

#### **License Cancellation**

If you discontinued or sold your business during the month and would like your license cancelled, check the box indicating that your cigarette license should be discontinued and note the effective date of the discontinuance. License and other tobacco product stamps are not transferable and must be returned to the department for cancellation. You must file a return for the month during which you go out of business. Attach your license to a letter giving the last date of business and if you sold your business, please provide the name and address of the purchaser.

## Name/Address/Ownership Changes

Immediately notify the department in writing when your business undergoes any change to its name, address or ownership. In some instances a new license may need to be issued.

## **Mailing Address**

Mail Completed return and schedules with the appropriate payment to:

Michigan Department of Treasury

P.O. Box 77628 Detroit, MI 48277